
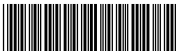


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| Index of Claims  | Application/Control No. 10583803 | Applicant(s)/Patent Under Reexamination SOON-SHIONG ET AL. |
| | Examiner Charanjit S Aulakh | Art Unit 1625 |


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| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | <input type="checkbox"/> CPA | | | <input type="checkbox"/> T.D. | | | <input type="checkbox"/> R.1.47 | | |
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| CLAIM | | | DATE | | | | | | | | |
| Final | Original | 08/15/2008 | | | | | | | | | |
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| CLAIM | | | DATE | | | | | | | | |
| Final | Original | 08/15/2008 | | | | | | | | | |
| | 37 | - | | | | | | | | | |
| | 38 | - | | | | | | | | | |
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| | 49 | - | | | | | | | | | |
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| | 51 | - | | | | | | | | | |
| | 52 | - | | | | | | | | | |
| | 53 | - | | | | | | | | | |
| | 54 | - | | | | | | | | | |
| | 55 | ✓ | | | | | | | | | |
| | 56 | ✓ | | | | | | | | | |
| | 57 | ✓ | | | | | | | | | |
| | 58 | ✓ | | | | | | | | | |
| | 59 | ✓ | | | | | | | | | |
| | 60 | ✓ | | | | | | | | | |
| | 61 | ✓ | | | | | | | | | |
| | 62 | ✓ | | | | | | | | | |
| | 63 | ✓ | | | | | | | | | |
| | 64 | ✓ | | | | | | | | | |
| | 65 | ✓ | | | | | | | | | |
| | 66 | ✓ | | | | | | | | | |
| | 67 | ✓ | | | | | | | | | |
| | 68 | ✓ | | | | | | | | | |
| | 69 | ✓ | | | | | | | | | |
| | 70 | ✓ | | | | | | | | | |
| | 71 | ✓ | | | | | | | | | |
| | 72 | ✓ | | | | | | | | | |

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| CLAIM | | | DATE | | | | | | | | | |
| Final | Original | 08/15/2008 | | | | | | | | | | |
| | 73 | ✓ | | | | | | | | | | |
| | 74 | ✓ | | | | | | | | | | |
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| | 76 | ✓ | | | | | | | | | | |
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| | 79 | ✓ | | | | | | | | | | |
| | 80 | ✓ | | | | | | | | | | |
| | 81 | ✓ | | | | | | | | | | |
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| | 83 | ✓ | | | | | | | | | | |
| | 84 | ✓ | | | | | | | | | | |
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| | 107 | ✓ | | | | | | | | | | |
| | 108 | ✓ | | | | | | | | | | |

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| <p align="center"><i>Index of Claims</i></p>  | Application/Control No. 10583803 | Applicant(s)/Patent Under Reexamination SOON-SHIONG ET AL. |
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